

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

**CERTIFICATE OF AMENDMENT  
OF THE CERTIFICATE  
OF LIMITED PARTNERSHIP  
DOMESTIC LIMITED PARTNERSHIP**

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$100** payable to SECRETARY OF STATE

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Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

1. The name of the limited partnership is \_\_\_\_\_

Note: This must be the exact limited partnership name.

2. The amended limited partnership name is \_\_\_\_\_

The name shall contain without abbreviation the words "limited partnership".

3. The date of filing the certificate is \_\_\_\_\_

4. Please complete only if there is a change to any of the registered agent information.

The South Dakota Registered Agent name \_\_\_\_\_

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	
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5. Please state the amendment to the certificate.

6. The names and business address of any **new** general partner is

General Partner	Street Address	City	State	ZIP+4
General Partner	Street Address	City	State	ZIP+4
General Partner	Street Address	City	State	ZIP+4

A certificate of amendment must be signed by at least one general partner and by each other general partner designated in the certificate as a new general partner.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a general partner)

\_\_\_\_\_  
(Printed Name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a general partner)

\_\_\_\_\_  
(Printed Name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a general partner)

\_\_\_\_\_  
(Printed Name)